PTO/SB/06 (07-06)

Approved for use through 1/31/2007. OMB 0651-0032
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| PATENT APPLICATION FEE DETERMINATION RECORD Substitute for Form PTO-875 | | | | | | | | Application or Docket Number 10/808,552 | | | ing Date 25/2004 | To be Mailed | |
|--|---|--|---|--|--------------|--|---|--|------------------------|-------------------------------|-----------------------|------------------------|--|
| APPLICATION AS FILED – PART I (Column 1) (Column 2) | | | | | | | | SMALL | ENTITY | OTHER THAN OR SMALL ENTITY | | | |
| FOR | | | NUMBER FILED | | NUMBER EXTRA | | Г | RATE (\$) | FEE (\$) | | RATE (\$) | FEE (\$) | |
| BASIC FEE (37 CFR 1.16(a), (b), or (c)) | | | N/A | | N/A | | l | N/A | | 1 | N/A | | |
| SEARCH FEE (37 CFR 1.16(k), (i), or (m)) | | | N/A | | | N/A | l | N/A | |] | N/A | | |
| | EXAMINATION FE (37 CFR 1.16(a), (p), | E or (q)) | N/A | | | N/A | | N/A | |] | N/A | | |
| TOTAL CLAIMS (37 CFR 1.16(i)) | | | minus 20 = * | | | | 1 | x \$ = | | OR | x \$ = | | |
| INDEPENDENT CLAIMS (37 CFR 1.16(h)) | | | minus 3 = * | | | | ı | x \$ = | | 1 | x \$ = | | |
| | APPLICATION SIZE (37 CFR 1.16(s)) | FEE sh is ad | If the specification and drawings sheets of paper, the application is \$250 (\$125 for small entity) fo additional 50 sheets or fraction to 35 U.S.C. 41(a)(1)(G) and 37 CF | | | n size fee due for each thereof. See | | | | | | | |
| | MULTIPLE DEPENDENT CLAIM PRESENT (37 CFR 1.16(j)) | | | | | | | | |] | | | |
| * If the difference in column 1 is less than zero, enter "0" in column 2. | | | | | | | | TOTAL | |] | TOTAL | | |
| APPLICATION AS AMENDED – PART II OTHER THAN (Column 1) (Column 2) (Column 3) SMALL ENTITY OR SMALL ENT | | | | | | | | | | | | | |
| AMENDMENT | 12/15/2008 | CLAIMS REMAINING AFTER AMENDMEN | т | HIGHEST NUMBER PREVIOU PAID FOR | SLY | PRESENT EXTRA | | RATE (\$) | ADDITIONAL FEE (\$) | | RATE (\$) | ADDITIONAL FEE (\$) | |
| | Total (37 CFR 1.18()) | • 32 | Minus | 33 | | = 0 | | x \$ = | | OR | X \$52= | 0 | |
| | Independent (37 CFR 1.16(h)) | • 4 | Minus | 3 | | = 1 | 1 | x \$ = | | OR | X \$220= | 220 | |
| Ĭ | Application Size Fee (37 CFR 1.16(s)) | | | | | | | | | | | | |
| _ | FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(j)) | | | | | | | | | OR | | | |
| | | | | | | | | TOTAL ADD'L FEE | | OR | TOTAL ADD'L FEE | 220 | |
| (Column 1) (Column 2) (Column 3) | | | | | | | | | | | | | |
| AMENDMENT | | CLAIMS REMAINING AFTER AMENDMEN | | HIGHE NUMBE PREVIOL PAID F | ER USLY | PRESENT EXTRA | | RATE (\$) | ADDITIONAL FEE (\$) | | RATE (\$) | ADDITIONAL FEE (\$) | |
| | Total (37 CFR 1,16()) | | Minus | •• | | | | x \$ = | | OR | x s = | | |
| Ω | Independent (37 CFR 1.16(h)) | * | Minus | *** | | | | x \$ = | | OR | x \$ = | | |
| 员 | Application Size Fee (37 CFR 1.16(s)) | | | | | | 1 | | | 1 | | | |
| ΑŞ | FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(j)) | | | | | | | | | OR | | | |
| | | | | | | | | | | OR | TOTAL ADD'L FEE | | |
| ** II | * If the entry in column 1 is less than the entry in column 2, write "0" in column 3. ** If the "Highest Number Previously Paid For I'N 118S SPACE is less than 20, enter "20". ** If the "Highest Number Previously Paid For I'N 118S SPACE is less than 3, enter "3". The "Highest Number Previously Paid For I'N 118S SPACE is less than 3, enter "3". The "Highest Number Previously Paid For I'N 118S SPACE is less than 3, enter "3". The "Highest Number Previously Paid For I'N 118S SPACE is less than 3, enter "3". The "Highest Number Previously Paid For I'N 118S SPACE is less than 3, enter "3". | | | | | | | | | | | | |

This collection of information is required by 37 CFR 1.16. The information is required to obtain or retain a benefit by the public which is to file (and by the USFTO to process) an application. Confidentiality is governed by 38 US 6.2. 22 and 37 CFR 1.14. This collection is estimated to stake 12 railmetes to complete including gathering, preparing, and submitting the completed application form to the USFTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the California formation Cifer. U. S. Patient and Trademark. Office, U. S. Department of Commerce, P.O. Box 1490, Alexandria, VA 22313-1450, D.O. HOT SEND/FES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissionment for Patients, P.C. Box 1450, Alexandria, VA 22313-1450.